

SERFF Tracking Number: ABAI-126784398 State: Arkansas
 Filing Company: Woodmen of the World/Assured Life Association State Tracking Number: 46687
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.011 Plan N 2010
 Standard Plans 2010
 Product Name: ALA plan N
 Project Name/Number: /

Filing at a Glance

Company: Woodmen of the World/Assured Life Association

Product Name: ALA plan N SERFF Tr Num: ABAI-126784398 State: Arkansas
 TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 46687
 Standard Plans 2010 Closed
 Sub-TOI: MS08I.011 Plan N 2010 Co Tr Num: State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Stephanie Fowler
 Author: Kim Hefner Disposition Date: 09/09/2010
 Date Submitted: 09/02/2010 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 09/09/2010 Explanation for Other Group Market Type:
 State Status Changed: 09/09/2010
 Deemer Date: Created By: Kim Hefner
 Submitted By: Kim Hefner Corresponding Filing Tracking Number:
 Filing Description:
 2010 plan N rate and form filing

Company and Contact

Filing Contact Information

Kim Hefner, Compliance Manager khefner@allenbailey.com
 8310 Capital of Texas Hwy North 512-502-8800 [Phone] 124 [Ext]
 Suite 370 512-502-8638 [FAX]

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Austin, TX 78731

Filing Company Information

(This filing was made by a third party - allenbaileyandassociatesinc)

Woodmen of the World/Assured Life CoCode: 56499 State of Domicile: Colorado
 Association
 9777 South Yosemite Street Group Code: Company Type: Fraternal
 #200 Group Name: State ID Number:
 Lone Tree, CO 80124 FEIN Number: 84-0356870
 (800) 777-9777 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Woodmen of the World/Assured Life Association	\$50.00	09/02/2010	39194663
Woodmen of the World/Assured Life Association	\$50.00	09/09/2010	39369997

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/09/2010	09/09/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	09/08/2010	09/08/2010	Kim Hefner	09/09/2010	09/09/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	cover letter	Kim Hefner	09/02/2010	09/02/2010

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Disposition

Disposition Date: 09/09/2010

Implementation Date:

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Woodmen of the World/Assured Life Association	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	authorization	Accepted for Informational Purposes	Yes
Supporting Document	company certifications	Accepted for Informational Purposes	Yes
Supporting Document (revised)	cover letter	Accepted for Informational Purposes	Yes
Supporting Document	cover letter	Replaced	Yes
Form	plan N	Approved	Yes
Form	outline of coverage cover page	Approved	Yes
Form	outline of coverage benefit charts	Approved	Yes
Form	outline of coverage rate page	Approved	Yes
Rate	AR plan N rates	Approved	Yes

Objection Letter

Dear Kim Hefner,

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/09/2010
Submitted Date 09/09/2010

Dear Stephanie Fowler,

Comments:

In response to your letter, please note:

Response 1

Comments: An additional \$50 filing fee has been submitted

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your consideration.

Sincerely,
Kim Hefner

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Amendment Letter

Submitted Date: 09/02/2010

Comments:

correction to form number in cover letter

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: cover letter

Comment:

AR Assured Cover Letter - Plan N.pdf

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Form Schedule

Lead Form Number: MTA31-23689

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved 09/09/2010	MTA31-23689	Policy/Cont ract/Fratern al Certificate	plan N	Initial			MTA31-23689 ALA Plan N AR--clean.pdf
Approved 09/09/2010	CP24	Outline of Coverage	outline of coverage cover page	Initial			CP24 (Outline Cover Page).pdf
Approved 09/09/2010	BC24 00-10	Outline of Coverage	outline of coverage benefit charts	Initial			BC24 00-10 (Outline Benefit Charts).pdf
Approved 09/09/2010	RP24.1.T01-AR	Outline of Coverage	outline of coverage rate page	Initial			RP24.1.T01-AR (Outline Rate Page) with rates.pdf

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave., Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN N

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This annual premium change will occur on the first Certificate Renewal Date which coincides with or follows the certificate anniversary date. Such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

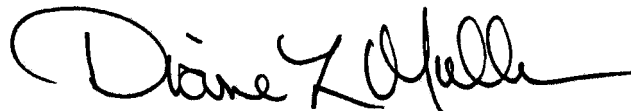
THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-XXX-XXX-XXXX]

Claims Service [1-XXX-XXX-XXXX]

**Administrative Office:
Assured Life Association
[3316 Farnam Street
Omaha, NE 68175]**



Secretary

TABLE OF CONTENTS	PAGE
DEFINITIONS	1
BASIC CORE BENEFITS	2
Inpatient Hospital Confinement Benefits (Medicare Part A)	2
Blood Deductible Benefit (Medicare Part A or Part B)	2
Medicare Part B Coinsurance Benefit	2
Hospice Care Benefit	3
PLAN N ADDITIONAL BENEFITS	3
Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)	3
Skilled Nursing Facility Confinement Benefit (Medicare Part A)	3
Emergency Care in a Foreign Country Benefit	3
AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE	3
EXTENSION OF BENEFITS	3
SUSPENSION OF COVERAGE	4
Suspension Available During Medicaid Entitlement	4
Suspension Available While Covered Under a Group Health Plan	4
TERMINATION	5
EXCLUSIONS	5
CLAIMS FILING PROCEDURES	5
Notice of Claim	5
Claim Forms	6
Proof of Loss	6
TIME OF PAYMENT OF CLAIMS	6
PAYMENT OF CLAIMS	6
TERM OF COVERAGE	6
CERTIFICATE PROVISIONS	6
Entire Contract and Changes	6
Time Limit on Certain Defenses	7
Grace Period	7
Reinstatement	7
Physical Examinations and Autopsy	7
Legal Actions	7
Other Insurance with Us	7
Unpaid Premium	7
Conformity with State Statutes	8

DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Life Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay benefits for Part B Medicare Eligible Expenses as follows:

- (a) For each covered health care provider office visit (including visits to medical specialists), we will pay the Medicare Part B coinsurance amount not paid by Medicare, if any, after you have paid a co-payment amount. Your co-payment amount will be the lesser of \$20 or the Medicare Part B coinsurance amount;
- (b) For each covered emergency room visit, we will pay the coinsurance amount not paid by Medicare, if any, after you have paid a co-payment amount. Your co-payment amount will be the lesser of \$50 or the Medicare Part B coinsurance amount. This co-payment amount is waived if you are admitted to a Hospital and the emergency room visit is subsequently covered as a Medicare Part A expense; and
- (c) For all other Part B Medicare Eligible Expenses, we will pay the coinsurance amount not paid by Medicare. No co-payment amount will be due from you.

The Part B coinsurance amount not paid by Medicare for Medicare Eligible Expenses is generally 20% of the total amount approved by Medicare for medical services.

As explained in the AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE section, if Medicare changes its co-payment levels, your certificate's benefits will adjust accordingly.

Hospice Care Benefit

We will pay the co-payment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

PLAN N ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan N as follows. Plan N Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts, coinsurance percentage amounts, or co-payment amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstituted as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstitution of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstitution, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstituted as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstitution of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstitution, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this certificate is replaced by another Medicare supplement or Medicare Select certificate (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the EXTENSION OF BENEFITS section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such

change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA31-[000000-007]	[6-1-10]	[6-1-11]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [23689]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-XXX-XXX-XXXX]
OTHER SERVICE QUESTIONS CALL [1-XXX-XXX-XXXX]

MTA31-23689

ASSURED LIFE ASSOCIATION
A Legal Reserve Fraternal Benefit Society
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, B, C, D, F, G, AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. [Plans E, H, I, and J are no longer available for sale.]

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
Blood: First 3 pints of blood each year.
Hospice: Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$[4,620]; paid at 100% after limit reached	Out-of-pocket limit \$[2,310]; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

PLANS A AND B
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day	\$0	Up to \$137.50 a day
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS A AND B
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS C AND D
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS C AND D
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS C AND D
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS F AND G
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLAN N

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan N Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan N Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan N Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

ZIP CODES: 716-717, 724-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	91.04	Attained Age 65 and Over	105.26	Attained Age 65 and Over	127.07	Attained Age 65 and Over	104.14	Attained Age 65 and Over	129.92	Attained Age 65 and Over	104.14	Attained Age 65 and Over	93.83

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	273.11	Attained Age 65 and Over	315.79	Attained Age 65 and Over	381.22	Attained Age 65 and Over	312.42	Attained Age 65 and Over	389.75	Attained Age 65 and Over	312.42	Attained Age 65 and Over	281.49

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	546.22	Attained Age 65 and Over	631.57	Attained Age 65 and Over	762.44	Attained Age 65 and Over	624.84	Attained Age 65 and Over	779.51	Attained Age 65 and Over	624.84	Attained Age 65 and Over	562.98

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,092.44	Attained Age 65 and Over	1,263.14	Attained Age 65 and Over	1,524.87	Attained Age 65 and Over	1,249.67	Attained Age 65 and Over	1,559.01	Attained Age 65 and Over	1,249.67	Attained Age 65 and Over	1,125.95

ZIP CODES: 716-717, 724-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	104.64	Attained Age 65 and Over	120.99	Attained Age 65 and Over	146.06	Attained Age 65 and Over	119.70	Attained Age 65 and Over	149.33	Attained Age 65 and Over	119.70	Attained Age 65 and Over	107.85

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	313.92	Attained Age 65 and Over	362.97	Attained Age 65 and Over	438.18	Attained Age 65 and Over	359.10	Attained Age 65 and Over	447.99	Attained Age 65 and Over	359.10	Attained Age 65 and Over	323.55

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	627.84	Attained Age 65 and Over	725.94	Attained Age 65 and Over	876.36	Attained Age 65 and Over	718.20	Attained Age 65 and Over	895.98	Attained Age 65 and Over	718.20	Attained Age 65 and Over	647.10

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,255.68	Attained Age 65 and Over	1,451.88	Attained Age 65 and Over	1,752.72	Attained Age 65 and Over	1,436.40	Attained Age 65 and Over	1,791.96	Attained Age 65 and Over	1,436.40	Attained Age 65 and Over	1,294.20

ZIP CODES: 718-721

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	99.23	Attained Age 65 and Over	114.74	Attained Age 65 and Over	138.51	Attained Age 65 and Over	113.51	Attained Age 65 and Over	141.61	Attained Age 65 and Over	113.51	Attained Age 65 and Over	102.27

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	297.69	Attained Age 65 and Over	344.21	Attained Age 65 and Over	415.53	Attained Age 65 and Over	340.54	Attained Age 65 and Over	424.83	Attained Age 65 and Over	340.54	Attained Age 65 and Over	306.82

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	595.38	Attained Age 65 and Over	688.41	Attained Age 65 and Over	831.05	Attained Age 65 and Over	681.07	Attained Age 65 and Over	849.66	Attained Age 65 and Over	681.07	Attained Age 65 and Over	613.65

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,190.76	Attained Age 65 and Over	1,376.82	Attained Age 65 and Over	1,662.10	Attained Age 65 and Over	1,362.14	Attained Age 65 and Over	1,699.32	Attained Age 65 and Over	1,362.14	Attained Age 65 and Over	1,227.29

ZIP CODES: 718-721

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	114.06	Attained Age 65 and Over	131.88	Attained Age 65 and Over	159.21	Attained Age 65 and Over	130.47	Attained Age 65 and Over	162.77	Attained Age 65 and Over	130.47	Attained Age 65 and Over	117.56

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	342.17	Attained Age 65 and Over	395.64	Attained Age 65 and Over	477.62	Attained Age 65 and Over	391.42	Attained Age 65 and Over	488.31	Attained Age 65 and Over	391.42	Attained Age 65 and Over	352.67

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	684.35	Attained Age 65 and Over	791.28	Attained Age 65 and Over	955.23	Attained Age 65 and Over	782.84	Attained Age 65 and Over	976.62	Attained Age 65 and Over	782.84	Attained Age 65 and Over	705.34

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,368.69	Attained Age 65 and Over	1,582.55	Attained Age 65 and Over	1,910.46	Attained Age 65 and Over	1,565.68	Attained Age 65 and Over	1,953.24	Attained Age 65 and Over	1,565.68	Attained Age 65 and Over	1,410.68

ZIP CODES: 722-723

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	106.51	Attained Age 65 and Over	123.16	Attained Age 65 and Over	148.67	Attained Age 65 and Over	121.84	Attained Age 65 and Over	152.00	Attained Age 65 and Over	121.84	Attained Age 65 and Over	109.78

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	319.54	Attained Age 65 and Over	369.47	Attained Age 65 and Over	446.02	Attained Age 65 and Over	365.53	Attained Age 65 and Over	456.01	Attained Age 65 and Over	365.53	Attained Age 65 and Over	329.34

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	639.08	Attained Age 65 and Over	738.94	Attained Age 65 and Over	892.05	Attained Age 65 and Over	731.06	Attained Age 65 and Over	912.02	Attained Age 65 and Over	731.06	Attained Age 65 and Over	658.68

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,278.16	Attained Age 65 and Over	1,477.87	Attained Age 65 and Over	1,784.09	Attained Age 65 and Over	1,462.11	Attained Age 65 and Over	1,824.03	Attained Age 65 and Over	1,462.11	Attained Age 65 and Over	1,317.36

ZIP CODES: 722-723

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	122.43	Attained Age 65 and Over	141.56	Attained Age 65 and Over	170.89	Attained Age 65 and Over	140.05	Attained Age 65 and Over	174.72	Attained Age 65 and Over	140.05	Attained Age 65 and Over	126.18

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	367.29	Attained Age 65 and Over	424.68	Attained Age 65 and Over	512.67	Attained Age 65 and Over	420.15	Attained Age 65 and Over	524.15	Attained Age 65 and Over	420.15	Attained Age 65 and Over	378.55

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	734.58	Attained Age 65 and Over	849.35	Attained Age 65 and Over	1,025.34	Attained Age 65 and Over	840.30	Attained Age 65 and Over	1,048.30	Attained Age 65 and Over	840.30	Attained Age 65 and Over	757.11

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,469.15	Attained Age 65 and Over	1,698.70	Attained Age 65 and Over	2,050.68	Attained Age 65 and Over	1,680.59	Attained Age 65 and Over	2,096.59	Attained Age 65 and Over	1,680.59	Attained Age 65 and Over	1,514.21

SERFF Tracking Number:	ABAI-126784398	State:	Arkansas
Filing Company:	Woodmen of the World/Assured Life Association	State Tracking Number:	46687
Company Tracking Number:			
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.011 Plan N 2010
Product Name:	ALA plan N		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	new filing

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Woodmen of the World/Assured Life Association	%	%				%	%

SERFF Tracking Number: ABAI-126784398 State: Arkansas

Filing Company: Woodmen of the World/Assured Life Association State Tracking Number: 46687

Company Tracking Number:

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.011 Plan N 2010
Standard Plans 2010

Product Name: ALA plan N

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 09/09/2010	AR plan N rates	MTA31-23689	New		2010 AR Plan N rates.pdf

Assured Life Association
Actuarial Memorandum
Plan N - Form MTA31-23689
(Arkansas)

Exhibit I - Tobacco User Monthly Premiums *

<i>Issue Age</i>	Premium Rate
All Ages	\$107.85

- * Non-tobacco premiums are 13% lower than tobacco premiums
Area rating factor of 1.00 for zip codes: 716-717, 724-729
Area rating factor of 1.09 for zip codes: 718-721
Area rating factor of 1.17 for zip codes: 722-723

SERFF Tracking Number: ABAI-126784398 State: Arkansas
 Filing Company: Woodmen of the World/Assured Life Association State Tracking Number: 46687
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.011 Plan N 2010
 Standard Plans 2010
 Product Name: ALA plan N
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Accepted for Informational Purposes	09/09/2010
Comments:		
Attachment: FLESCH.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved	09/09/2010
Bypass Reason: Previously approved application T01-2008-03 approved on July 21, 2009, will be used to apply for this new Medicare supplement plan N.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved	09/09/2010
Comments: previously approved disclosure page DP1.T01-AR, approved by your Department on November 9, 2009 will be used as part of the outline of coverage		
Attachments: BC24 00-10 (Outline Benefit Charts).pdf DP2.T01-AR (Outline Disclosure Page).pdf CP24 (Outline Cover Page).pdf RP24.1.T01-AR (Outline Rate Page) with rates.pdf		

	Item Status:	Status Date:
Satisfied - Item: authorization	Accepted for Informational Purposes	09/09/2010
Comments:		

SERFF Tracking Number: ABAI-126784398 State: Arkansas
Filing Company: Woodmen of the World/Assured Life Association State Tracking Number: 46687
Company Tracking Number:
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.011 Plan N 2010
Standard Plans 2010
Product Name: ALA plan N
Project Name/Number: /

Attachment:

Mutual Letter of Authorization for Allen Bailey (Assured).pdf

	Item Status:	Status Date:
Satisfied - Item: company certifications	Accepted for Informational Purposes	09/09/2010

Comments:

Attachment:

AR certs signed.pdf

	Item Status:	Status Date:
Satisfied - Item: cover letter	Accepted for Informational Purposes	09/09/2010

Comments:

Attachment:

AR Assured Cover Letter - Plan N.pdf

Assured Life Association

<u>Form Number</u>	<u>Description</u>	<u>Score</u>
MTA31-23689	Medicare Supplement Plan N	42.8

I hereby certify on behalf of Assured Life Association the Flesch Scale Analysis Readability Score(s) is (are) accurate, based on the computer program used to calculate the score(s). I further certify that in my judgment the form(s) listed is(are) readable under the standards of the Life and Health Insurance Policy Language Simplification Model Act.

Signature of Officer or General Counsel: _____



Name (typed or printed): L. Allen Bailey, FSA, MAAA

Title or business affiliation: Consulting Actuary

Date: August 27, 2010

PLANS A AND B
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day	\$0	Up to \$137.50 a day
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS A AND B
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS C AND D
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS C AND D
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
MEDICAL EXPENSES —IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS C AND D
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS F AND G
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES —IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLAN N

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan N Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan N Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan N Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

Disclosures

Use this outline to compare benefits and premiums among certificates or policies.

This outline shows benefits and premiums of certificates sold for effective dates on or after June 1, 2010. Certificates sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

Premium Information

We, Assured Life Association, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

Premiums do not include dues.

Read Your Certificate Very Carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Certificate

If you find that you are not satisfied with your certificate, you may return it to Assured Life Association at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

Certificate Replacement

If you are replacing another health insurance certificate, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

The certificate may not fully cover all of your medical costs. Neither Assured Life Association nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ASSURED LIFE ASSOCIATION
A Legal Reserve Fraternal Benefit Society
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, B, C, D, F, G, AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. [Plans E, H, I, and J are no longer available for sale.]

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
Blood: First 3 pints of blood each year.
Hospice: Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$[4,620]; paid at 100% after limit reached	Out-of-pocket limit \$[2,310]; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

ZIP CODES: 716-717, 724-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	91.04	Attained Age 65 and Over	105.26	Attained Age 65 and Over	127.07	Attained Age 65 and Over	104.14	Attained Age 65 and Over	129.92	Attained Age 65 and Over	104.14	Attained Age 65 and Over	93.83

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	273.11	Attained Age 65 and Over	315.79	Attained Age 65 and Over	381.22	Attained Age 65 and Over	312.42	Attained Age 65 and Over	389.75	Attained Age 65 and Over	312.42	Attained Age 65 and Over	281.49

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	546.22	Attained Age 65 and Over	631.57	Attained Age 65 and Over	762.44	Attained Age 65 and Over	624.84	Attained Age 65 and Over	779.51	Attained Age 65 and Over	624.84	Attained Age 65 and Over	562.98

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,092.44	Attained Age 65 and Over	1,263.14	Attained Age 65 and Over	1,524.87	Attained Age 65 and Over	1,249.67	Attained Age 65 and Over	1,559.01	Attained Age 65 and Over	1,249.67	Attained Age 65 and Over	1,125.95

ZIP CODES: 716-717, 724-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	104.64	Attained Age 65 and Over	120.99	Attained Age 65 and Over	146.06	Attained Age 65 and Over	119.70	Attained Age 65 and Over	149.33	Attained Age 65 and Over	119.70	Attained Age 65 and Over	107.85

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	313.92	Attained Age 65 and Over	362.97	Attained Age 65 and Over	438.18	Attained Age 65 and Over	359.10	Attained Age 65 and Over	447.99	Attained Age 65 and Over	359.10	Attained Age 65 and Over	323.55

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	627.84	Attained Age 65 and Over	725.94	Attained Age 65 and Over	876.36	Attained Age 65 and Over	718.20	Attained Age 65 and Over	895.98	Attained Age 65 and Over	718.20	Attained Age 65 and Over	647.10

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,255.68	Attained Age 65 and Over	1,451.88	Attained Age 65 and Over	1,752.72	Attained Age 65 and Over	1,436.40	Attained Age 65 and Over	1,791.96	Attained Age 65 and Over	1,436.40	Attained Age 65 and Over	1,294.20

ZIP CODES: 718-721

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	99.23	Attained Age 65 and Over	114.74	Attained Age 65 and Over	138.51	Attained Age 65 and Over	113.51	Attained Age 65 and Over	141.61	Attained Age 65 and Over	113.51	Attained Age 65 and Over	102.27

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	297.69	Attained Age 65 and Over	344.21	Attained Age 65 and Over	415.53	Attained Age 65 and Over	340.54	Attained Age 65 and Over	424.83	Attained Age 65 and Over	340.54	Attained Age 65 and Over	306.82

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	595.38	Attained Age 65 and Over	688.41	Attained Age 65 and Over	831.05	Attained Age 65 and Over	681.07	Attained Age 65 and Over	849.66	Attained Age 65 and Over	681.07	Attained Age 65 and Over	613.65

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,190.76	Attained Age 65 and Over	1,376.82	Attained Age 65 and Over	1,662.10	Attained Age 65 and Over	1,362.14	Attained Age 65 and Over	1,699.32	Attained Age 65 and Over	1,362.14	Attained Age 65 and Over	1,227.29

ZIP CODES: 718-721

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	114.06	Attained Age 65 and Over	131.88	Attained Age 65 and Over	159.21	Attained Age 65 and Over	130.47	Attained Age 65 and Over	162.77	Attained Age 65 and Over	130.47	Attained Age 65 and Over	117.56

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	342.17	Attained Age 65 and Over	395.64	Attained Age 65 and Over	477.62	Attained Age 65 and Over	391.42	Attained Age 65 and Over	488.31	Attained Age 65 and Over	391.42	Attained Age 65 and Over	352.67

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	684.35	Attained Age 65 and Over	791.28	Attained Age 65 and Over	955.23	Attained Age 65 and Over	782.84	Attained Age 65 and Over	976.62	Attained Age 65 and Over	782.84	Attained Age 65 and Over	705.34

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,368.69	Attained Age 65 and Over	1,582.55	Attained Age 65 and Over	1,910.46	Attained Age 65 and Over	1,565.68	Attained Age 65 and Over	1,953.24	Attained Age 65 and Over	1,565.68	Attained Age 65 and Over	1,410.68

ZIP CODES: 722-723

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	106.51	Attained Age 65 and Over	123.16	Attained Age 65 and Over	148.67	Attained Age 65 and Over	121.84	Attained Age 65 and Over	152.00	Attained Age 65 and Over	121.84	Attained Age 65 and Over	109.78

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	319.54	Attained Age 65 and Over	369.47	Attained Age 65 and Over	446.02	Attained Age 65 and Over	365.53	Attained Age 65 and Over	456.01	Attained Age 65 and Over	365.53	Attained Age 65 and Over	329.34

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	639.08	Attained Age 65 and Over	738.94	Attained Age 65 and Over	892.05	Attained Age 65 and Over	731.06	Attained Age 65 and Over	912.02	Attained Age 65 and Over	731.06	Attained Age 65 and Over	658.68

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,278.16	Attained Age 65 and Over	1,477.87	Attained Age 65 and Over	1,784.09	Attained Age 65 and Over	1,462.11	Attained Age 65 and Over	1,824.03	Attained Age 65 and Over	1,462.11	Attained Age 65 and Over	1,317.36

ZIP CODES: 722-723

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	122.43	Attained Age 65 and Over	141.56	Attained Age 65 and Over	170.89	Attained Age 65 and Over	140.05	Attained Age 65 and Over	174.72	Attained Age 65 and Over	140.05	Attained Age 65 and Over	126.18

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	367.29	Attained Age 65 and Over	424.68	Attained Age 65 and Over	512.67	Attained Age 65 and Over	420.15	Attained Age 65 and Over	524.15	Attained Age 65 and Over	420.15	Attained Age 65 and Over	378.55

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	734.58	Attained Age 65 and Over	849.35	Attained Age 65 and Over	1,025.34	Attained Age 65 and Over	840.30	Attained Age 65 and Over	1,048.30	Attained Age 65 and Over	840.30	Attained Age 65 and Over	757.11

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,469.15	Attained Age 65 and Over	1,698.70	Attained Age 65 and Over	2,050.68	Attained Age 65 and Over	1,680.59	Attained Age 65 and Over	2,096.59	Attained Age 65 and Over	1,680.59	Attained Age 65 and Over	1,514.21

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



July 22, 2010

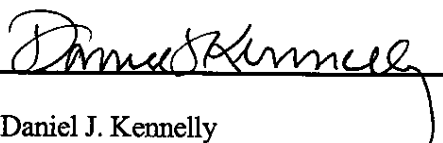
To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize Allen Bailey & Associates, Inc., Austin, Texas, to represent Mutual of Omaha Insurance Company, in its capacity as administrator for Assured Life Association, Greenwood Village, Colorado, in matters before the Insurance Department.

This Authorization will remain valid until revoked by Mutual of Omaha Insurance Company or Assured Life Association.

Mutual of Omaha Insurance Company

By: 

Daniel J. Kennelly
Vice President and Chief Compliance Officer Regulatory Affairs

MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



July 22, 2010

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize Allen Bailey & Associates, Inc., Austin, Texas, to represent Mutual of Omaha Insurance Company, in its capacity as administrator for Woodmen of the World, Greenwood Village, Colorado, in matters before the Insurance Department.

This Authorization will remain valid until revoked by Mutual of Omaha Insurance Company or Woodmen of the World.

Mutual of Omaha Insurance Company

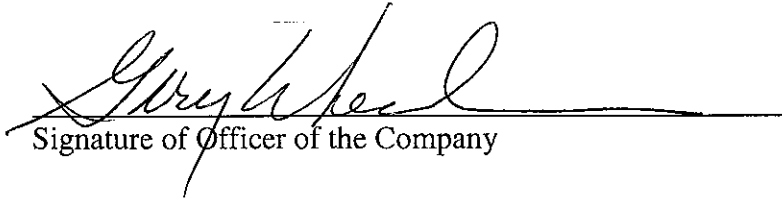
By: *Daniel J. Kennelly*

Daniel J. Kennelly

Vice President and Chief Compliance Officer Regulatory Affairs

CERTIFICATION

I certify that Assured Life Association is in compliance with ACA 23-79-138 (providing required policy information to policyholder).



Signature of Officer of the Company

Gary Wheeler, President

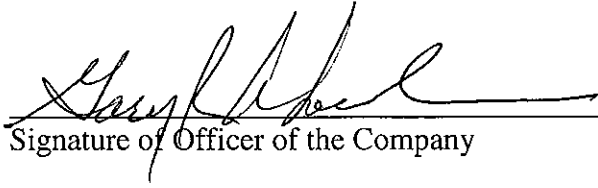
Name and title of person whose signature appears above

August 24, 2010

Date

CERTIFICATION

I certify that Assured Life Association is in compliance with AR R&R 27, Section 16 (agent's compensation).



Signature of Officer of the Company

Gary Wheeler, President

Name and title of person whose signature appears above

August 24, 2010

Date



ASSURED LIFE
ASSOCIATION

ASSURED LIFE ASSOCIATION
GREENWOOD VILLAGE, CO

ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

September 2, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Assured Life Association
A Fraternal Benefit Society
NAIC # 614-56499 FEIN 84-0356870
Individual Medicare Supplement Insurance
Certificate MTA31-23689
Outline of Coverage Modules CP24, RP24.1.T01-AR, and BC24 00-10
Actuarial Memorandum and Rate Schedule

In an effort to expand our current Medicare Supplement portfolio, enclosed for filing with your Department is the following individual 2010 Standardized Medicare Supplement Benefit Plan N. This certificate has been developed for compliance with the amended NAIC Medigap model as required by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>
MTA31-23689	Medicare Supplement Insurance Certificate Plan N
CP24	Outline of Coverage Cover Page
RP24.1.T01-AR	Outline of Coverage Rate Page
BC24 00-10	Outline of Coverage Benefit Charts

These forms are new and will not replace any forms previously filed. The new plan contains identical wording, except for the different standardized benefits applicable to plan N.

Previously approved application T01-2008-03 approved on July 21, 2009, will be used to apply for this new Medicare supplement plan N. No changes have been made to the application except to reflect the addition of this new certificate form number. Solicitation of Plan N will be conducted by independent brokers/producers.

Outline of Coverage modules, CP24, RP24.1.T01-AR, and BC24 00-10, are being filed as separate components that, along with previously approved disclosure page DP1.T01-AR, approved by your Department on November 9, 2009, will comprise our new Medicare supplement outline of coverage. The cover page, disclosure page, rate page and benefit chart modules will be bundled together as a single document to be presented to the applicant at time of application.

Please note the outline cover page has been shaded and bolded to show the plans approved for sale in your state. The outline rate page shows the format used for displaying rates. The disclosure and benefit chart pages contain all necessary information required by the NAIC model.

We request these outline modules be filed variable to the extent that rates, addresses, dates, federal co-payments, deductibles and other variable material can be changed over time when appropriate and when amended by regulation.

Variability is also requested for bracketed text shown on all policy schedules and for the bracketed telephone numbers shown on the face page of each policy.

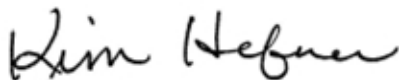
An actuarial memorandum and rate schedule page reflecting rates for plan N is also attached for your review.

These forms have been filed in Colorado, our state of domicile, and are currently under review.

These forms meet or exceed your state's FLESCHE score requirements.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Hefner". The signature is fluid and cursive, with the first name "Kim" and last name "Hefner" clearly distinguishable.

Kim Hefner, FLMI, AIRC
Compliance Manager

SERFF Tracking Number: ABAI-126784398 State: Arkansas

Filing Company: Woodmen of the World/Assured Life Association State Tracking Number: 46687

Company Tracking Number:

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.011 Plan N 2010
Standard Plans 2010

Product Name: ALA plan N

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/02/2010		Supporting cover letter Document	09/02/2010	AR Assured Cover Letter - Plan N.pdf (Superceded)



ASSURED LIFE
ASSOCIATION

ASSURED LIFE ASSOCIATION
GREENWOOD VILLAGE, CO

ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

September 2, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Assured Life Association
A Fraternal Benefit Society
NAIC # 614-56499 FEIN 84-0356870
Individual Medicare Supplement Insurance
Certificate MTA31-23689
Outline of Coverage Modules CP24, RP24.1.T01-AR, and BC24
Actuarial Memorandum and Rate Schedule

In an effort to expand our current Medicare Supplement portfolio, enclosed for filing with your Department is the following individual 2010 Standardized Medicare Supplement Benefit Plan N. This certificate has been developed for compliance with the amended NAIC Medigap model as required by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

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These forms are new and will not replace any forms previously filed. The new plan contains identical wording, except for the different standardized benefits applicable to plan N.

Previously approved application T01-2008-03 approved on July 21, 2009, will be used to apply for this new Medicare supplement plan N. No changes have been made to the application except to reflect the addition of this new certificate form number. Solicitation of Plan N will be conducted by independent brokers/producers.

Outline of Coverage modules, CP24, RP24.1.T01-AR, and BC24 00-10, are being filed as separate components that, along with previously approved disclosure page DP1.T01-AR, approved by your Department on November 9, 2009, will comprise our new Medicare supplement outline of coverage. The cover page, disclosure page, rate page and benefit chart modules will be bundled together as a single document to be presented to the applicant at time of application.

Please note the outline cover page has been shaded and bolded to show the plans approved for sale in your state. The outline rate page shows the format used for displaying rates. The disclosure and benefit chart pages contain all necessary information required by the NAIC model.

We request these outline modules be filed variable to the extent that rates, addresses, dates, federal co-payments, deductibles and other variable material can be changed over time when appropriate and when amended by regulation.

Variability is also requested for bracketed text shown on all policy schedules and for the bracketed telephone numbers shown on the face page of each policy.

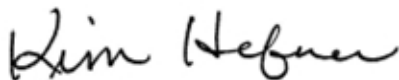
An actuarial memorandum and rate schedule page reflecting rates for plan N is also attached for your review.

These forms have been filed in Colorado, our state of domicile, and are currently under review.

These forms meet or exceed your state's FLESCHE score requirements.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Kim Hefner". The signature is written in a cursive, flowing style.

Kim Hefner, FLMI, AIRC
Compliance Manager